



Catholic Health Alliance of Canada
Alliance catholique canadienne de la santé

Annex C, Saint-Vincent Hospital
60 Cambridge Street North
Ottawa, ON Canada K1R 7A5

Tel. 613-562-6262 x2164
Fax. 613-782-2857
E-mail: jroche@bruyere.org
www.chac.ca

March 8, 2013

Hon. Jason Kenney, P.C., M.P.
Minister of Citizenship and Immigration
House of Commons
Ottawa, Ontario
K1A 0A6

Dear Minister,

The Catholic Health Alliance of Canada represents more than 100 Catholic health care organizations throughout Canada. These facilities have a long legacy of caring for the most vulnerable, including refugees and newcomers to Canada. In recent months we have heard from some of our care providers about the negative impact of the cuts that have been made to the Interim Federal Health Program (IFHP). We are writing today to express our concern and to request that the federal government rescind the cuts and continue Canada's historical and ethical tradition of caring for refugees.

In our view the rationale presented for these cuts has overlooked several significant factors:

1. **Cost** – The government suggests it will save 100 million dollars over five years. First, many suspect that there will be costs to untreated illnesses that are not factored in this calculation. These include emergency room visits and complications arising from neglected illnesses. Second, the cuts will merely download costs to provincial social support programs, the charitable sector, and other public programs that are ill prepared to deal with such a situation. Third, those refugees with chronic diseases, such as diabetes or heart disease, will seek care in hospitals and emergency rooms – the most costly forms of care.
2. **Deterrence** – It has been stated by government officials that some refugees come to Canada to get health care. They feel that limiting access to health care will deter refugees from coming. It is unlikely that access to quality health care is top of mind for refugees fleeing war, famine or violence. Moreover, the changes in coverage will ultimately have a deleterious effect to the public health and safety of all Canadians. For instance, tuberculosis, which is still prevalent in parts of the world, could go unnoticed by health professionals, inevitably putting the public at risk.
3. **Equity** – The government has argued that refugees receive health care that is superior to that received by others in Canada. However, refugees receive nothing more than what the lowest income Canadians who receive social assistance do. They will now certainly have much less. The equity argument also pits Canadians against refugees and denies the tremendous hardship experienced by most refugees.

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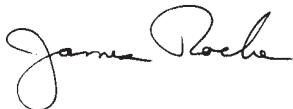
Our position:

1. Policy decisions regarding health should be made on the basis of reliable evidence about health and health services. If a health impact assessment of the changes to the program was conducted, the results should be made public. If no such assessment has been performed, such an assessment should be implemented as soon as is feasible, and the changes to the IFHP be reversed pending a fuller exploration of their potential impact. *(A position first put forward by the Canadian Healthcare Association.)*
2. Cuts to the IFHP will make some of the most vulnerable people in our country even more vulnerable. Refugees in any category should have health care coverage equivalent to (and no more than) Canadian citizens in the same economic circumstances.
3. In order to ensure long-term fiscal responsibility, and the health and well-being of Canadian society's vulnerable populations, and to uphold Canadian principles of compassion and inclusiveness, the changes should be revised or rescinded.

In light of all of the above, we join many other organizations in Canada in calling for a reinstatement of full health coverage for refugee claimants.

In conclusion, we would be pleased and prepared to work with your officials to examine ways in which services for refugee claimants can be delivered more efficiently and effectively. April 4, Refugee Rights Day, a day on which organizations in Canada will be making a public declaration that they are 'proud to protect refugees in Canada' would be a fitting day for the federal government to revise or rescind its decision in relation to the Interim Federal Health Program.

Sincerely,

A handwritten signature in black ink that reads "James Roche". The signature is fluid and cursive, with the first name "James" and last name "Roche" clearly distinguishable.

James Roche
Executive Director.